

“APPLICATION OF THE NODULATION STRATIFICATION SYSTEM IN THE THYROID GLAND ACCORDING TO ACR-TIRADS AND IN THE UTERUS ACCORDING TO FIGO”

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Key words: nodulation, thyroid gland, uterus

Background. Numerous studies of large population groups in various countries of the world have shown that patients with "thyroid nodules" can account for more than 40% of the total number of patients with thyroid pathology (J.P. Brito, 2014; C. Durante, 2015; T.Yu. Demidova, 2016; E. A. Troshina, 2019). At the same time, there are few works devoted to the features of associated nodulation in the thyroid gland and uterus. The available information is fragmented and contradictory, which indicates the relevance, which prompted us to conduct this scientific study.

The purpose of the study is to perform the stratification of nodulation in the thyroid gland according to ACR-TIRADS and in the uterus according to FIGO.

Material and research methods. We examined 127 women with nodules in the thyroid gland and uterus aged 18 to 55 years. The patients were divided into 3 groups: group 1 - 43 patients with thyroid nodules, group 2 - 37 patients with nodular and hyperplastic processes of the uterus, group 3 - 47 patients with nodular formations of the thyroid gland and uterus. 20 healthy women made up the control group. All patients underwent a study of the levels of TSH, free thyroxine, antibodies to TPO, antibodies to the levels of LH, FSH, progesterone, E2, VEGF-A, TNF-alfa, TG-binding globulin, insulin, as well as a study of the functional state of the thyroid gland (ultrasound thyroid gland, uterus, appendages (fine-needle aspiration biopsy of the thyroid gland), etc. Thyroid nodulation was assessed based on ACR-TIRADS (2016) and FIGO uterine fibroids (2011).

Results and its discussion. Most of the patients were between the ages of 18 and 44: 102 (80.3%), that is, young and working age. In groups 1 and 3 of patients with nodulation in the thyroid gland, the location of the nodes dominated in the upper part of the thyroid gland - 27 (30%), in the isthmus there were a smaller number of nodes - 19 (21.1%) cases, and in the lower part there were 22 (24.4%) cases node locations. The location of uterine myomas $\geq 50\%$ prevailed in group 3, as well as intracavitary on the leg (25.5%/25.5%, respectively). Also in group 3, subserous, but $\geq 50\%$ intramural location of fibroids was observed 2 times more often (17.0%). At the same time, subserous pedunculated location of fibroids dominated in group 1 (27%).

Conclusions. 1. There was no significant difference in mean BMI, mean uterine lesion diameter, or incidence of arterial hypertension between patients with good and poor prognosis. 2. Significant differences were found between the two subgroups in age, fibroid type, fibroid location, number of fibroids, and severity of pelvic adhesions.